2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N04000003235

Entity Name: TEMPLE OF TRIUMPH, INC.

Current Principal Place of Business:

9080 OLD CHEMONIE RD.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

9080 OLD CHEMONIE RD.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 82-0575100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, DEAN
9080 OLD CHEMONIE RD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POZZUOLI, ANDRE
Address: 8862 WINGED FOOT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: WATTS, BRIAN
Address: 1811 MARSTON PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: PERKINS, DEAN
Address: 9080 OLD CHEMONIE RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: BOYD, DANNY
Address: 4621 ST. AUGUSTINE RD.
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: KNOPF, DAVID
Address: 3307 WHIRLAWAY TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: PERKINS, DIANNE
Address: 9080 OLD CHEMONIE RD.
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN PERKINS D 01/20/2009

Electronic Signature of Signing Officer or Director — Date